

Mobility Fund Phase 1 - §54.1009 Annual Reporting Data Collection Form	FCC Form Approved by OMB OMB 3060-1185 Avg. Burden Estimate per Respondent: 18 Hours
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<010> Study Area Code	618346
<015> Study Area Name	GCI Communication Corp.
<020> Program Year	2015
<030> Contact Name: Person USAC should contact with questions about this data	Emily Thatcher
<035> Contact Telephone Number: Number of the person identified in data line <030>	9078685643 ext.
<039> Contact Email: Email of the person identified in data line <030>	ethatcher@gci.com

(check box when complete)

<040> Has the information required pursuant to §54.1009 been provided with a Form 481 filing (Y/N)	<040>	<input checked="" type="radio"/> <input type="radio"/>
<041> Attach a description of the documents filed with the Form 481 reporting	<041>	<div style="border: 1px solid black; padding: 2px;">Form481GCICommunicationsCorp618346.pdf</div>
<042> Cite the Study Area Code (SAC) for the Form 481 reporting	<042>	<div style="border: 1px solid black; padding: 2px;">619014</div>
<050> <u>Carrier Contact Information</u>	(complete attached worksheet)	<050> <input checked="" type="checkbox"/>
<060> <u>Coverage and Performance Report</u>	(complete attached worksheet)	<060> <input checked="" type="checkbox"/>
<070> <u>Urban Rate Comparability Certification</u>	(complete attached certification)	<070> <input checked="" type="checkbox"/>
<080> <u>Tribal Lands Reporting (y/n?)</u>	<i>(Does this study area cover tribal lands? Yes or No)</i> <i>(If yes, complete the attached worksheet)</i>	<input checked="" type="radio"/> <input type="radio"/>
<080>		<080> <input checked="" type="checkbox"/>
<090> <u>Project Update Information</u>	(complete attached worksheet)	<090> <input checked="" type="checkbox"/>
<100> <u>Certifications</u>		
<101> Reporting Carrier Certification	(complete attached certification)	<101> <input checked="" type="checkbox"/>
<102> Agent Certification	(complete attached certification)	<102> <input type="checkbox"/>

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements)

Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PER, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

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Reporting Carrier / Mobility Fund Phase 1 Winning Bidder

<110>	FCC Registration Number	0001568880
<111>	Filing Carrier Name	GCI Communication Corp
<112>	Winning Bidder Carrier Name	GCI Communication Corp
<113>	Street Address (or PO Box)	2550 Denali St, Suite 1000
<114>	City	Anchorage
<115>	State	AK
<116>	Zip-Code	99503
<117>	Telephone Number	9078685643 ext.
<118>	Fax Number	9078689817
<119>	Email Address	ethatcher@gci.com

Contact Information

if same as above, indicate in this box

☐

<120>	Name (First, MI, Last, Suffix)	Chris Nierman
<121>	Filing Carrier Name	GCI Communication Corp
<122>	Street Address (or PO Box)	1900 L St NW Suite 700
<123>	City	Washington
<124>	State	DC
<125>	Zip-Code	20036
<126>	Telephone Number	2024578815 ext.
<127>	Fax Number	9078689817
<128>	Email Address	cnierman@gci.com

Authorized Agent Information

if no agent, indicate in this box

☒

<130>	Name (First, MI, Last, Suffix)	
<131>	Company	
<132>	Street Address (or PO Box)	
<133>	City	
<134>	State	
<135>	Zip-Code	
<136>	Telephone Number	
<137>	Fax Number	
<138>	Email Address	

(060) Coverage and Performance Report

FCC Form 690

Approved by OMB

OMB Control No. 3060-1185

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<140>	Coverage and Performance Report Year	01/2014 - 12/2014

Coverage and Performance attachments

618346_CPRd_AK.zip

<141>	<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<c1>	<c2>	<c3>	<d>
	State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance data is uploaded (Yes/no)
				--	See attached worksheet					
				--						

Percentage of Total
Population Reached by
Service

98

Percentage of Total
Road Miles covered
by Service

0

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TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

Certification of Officer or Employee as to Compliance with 47 CFR §54.1009(a)(4)	
I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	GCI Communication Corp.
Signature of Authorized Officer:	CERTIFIED ONLINE Date 06/30/2015
Printed name of Authorized Officer:	Lynda Tarbath
Title or position of Authorized Officer:	VP/CAO
Telephone number of Authorized Officer:	9078685638 ext.
Study Area Code of Reporting Carrier:	618346 Filing Due Date for this form: 07/01/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to authorize an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer or Employee:	Date:
Printed name of Authorized Officer or Employee:	
Title or position of Authorized Officer or Employee:	
Telephone number of Authorized Officer or Employee:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	
Name of Authorized Agent or Employee of Agent:	
Signature of Authorized Agent or Employee of Agent:	Date:
Printed name of Authorized Agent or Employee of Agent:	
Title or position of Authorized Agent or Employee of Agent:	
Telephone number of Authorized Agent or Employee of Agent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
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<142> State AK

Nome Census Area

<143> County _____

Alaska

<144> Tribal Land(s) on which ETC Serves _____

618346_TLRa5_AK.pdf

<145> Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes, No, Not Applicable) for each of these boxes to confirm the status described on the attached PDF, on line 145, demonstrates coordination with the Tribal government pursuant to § 54.1004 includes:

- <146> Needs assessment and deployment planning with a focus on Tribal community anchor institutions;
- <147> Feasibility and sustainability planning;
- <148> Marketing services in a culturally sensitive manner;
- <149> Compliance with Rights of way processes
- <150> Compliance with Land Use permitting requirements
- <151> Compliance with Facilities Siting rules
- <152> Compliance with Environmental Review processes
- <153> Compliance with Cultural Preservation review processes
- <154> Compliance with Tribal Business and Licensing requirements.

Select (Yes, No, Not Applicable)
Yes
Yes
Yes
Yes
Yes
Yes
Yes
Yes
Yes

(090) Project Update Information

FCC Form 690

Approved by OMB

OMB Control No. 3060-1185

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<039>	Contact Email Address - Email Address of person identified in data line <030>	ethatcher@gci.com

<200> Date Authorized to Receive Support

03/13/2015

<201> Targeted Completion Date

03/14/2017

<202> Total Mobility Fund Support Awarded

4586526.00

<203> Total Mobility Fund Support Disbursed

1528842.00

<210> Actual Completion Date

<211> Project Status Description (attached)

618346_PSD_AK.pdf

{Name of PDF attached}

Please check these boxes below to confirm that the attached PDF, on line 211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate.

<212> Status of Network Deployment - Network Design

✓

<213> Status of Network Deployment - Construction

✓

<214> Status of Network Deployment - Deployment

✓

<215> Status of Network Deployment - Maintenance

✓

<216> Project Budget Status

✓

<217> Project Plan Status

✓

<218> Certify Network will Support 3G/4G Mobile Service (Yes / No)



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TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:**Certification of Officer as to the Accuracy of the Data Reported for Mobility Fund Recipients**

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier: GCI Communication Corp.

Signature of Authorized Officer: CERTIFIED ONLINE

Date 06/30/2015

Printed name of Authorized Officer: Lynda Tarbath

Title or position of Authorized Officer: VP/CAO

Telephone number of Authorized Officer: 9078685638 ext.

Study Area Code of Reporting Carrier: 618346

Filing Due Date for this form: 07/01/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File for Mobility Fund Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: _____	
Name of Reporting Carrier: _____	
Signature of Authorized Officer: _____	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
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TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File for Mobility Fund Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the reports for Mobility Fund recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: _____	
Name of Authorized Agent or Employee of Agent: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Printed name of Authorized Agent or Employee of Agent: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: _____	
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Attachments

(060) Coverage and Performance ReportFCC Form 690
Approved by OMB
OMB Control No. 3060-1185

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<140> Coverage and Performance Report Year 01/2014 - 12/2014

<141>									
<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<c1>	<c2>	<c3>	<d>
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance data is uploaded (yes/no)
AK	Nome Census Area	021800002001007	17	0	0	1.27	0.0	0.0	Yes
AK	Nome Census Area	021800002001046	1	1	1	1.4	0.0	0.0	Yes
AK	Nome Census Area	021800002001057	3	3	3	0.39	0.0	0.0	Yes
AK	Nome Census Area	021800002001058	2	2	2	2.63	0.0	0.0	Yes
AK	Nome Census Area	021800002001061	1	1	1	0.71	0.0	0.0	Yes
AK	Nome Census Area	021800002001062	6	6	6	1.27	0.0	0.0	Yes
AK	Nome Census Area	021800002001064	18	18	18	4.5	0.0	0.0	Yes
AK	Nome Census Area	021800002001066	27	14	14	5.99	0.0	0.0	Yes
AK	Nome Census Area	021800002001067	1	1	1	1.27	0.0	0.0	Yes
AK	Nome Census Area	021800002001068	8	4	4	1.08	0.0	0.0	Yes
AK	Nome Census Area	021800002001070	5	3	3	0.53	0.0	0.0	Yes
AK	Nome Census Area	021800002001071	11	3	3	0.36	0.0	0.0	Yes
AK	Nome Census Area	021800002001075	2	0	0	0.2	0.0	0.0	Yes
AK	Nome Census Area	021800002001076	3	3	3	3.0	0.0	0.0	Yes
AK	Nome Census Area	021800002001079	10	10	10	3.26	0.0	0.0	Yes
AK	Nome Census Area	021800002001085	3	3	3	0.61	0.0	0.0	Yes
AK	Nome Census Area	021800002001091	8	8	8	1.43	0.0	0.0	Yes
AK	Nome Census Area	021800002001092	1	1	1	0.1	0.0	0.0	Yes
AK	Nome Census Area	021800002001095	1	1	1	0.23	0.0	0.0	Yes
AK	Nome Census Area	021800002001111	3	3	3	0.05	0.0	0.0	Yes

Percentage of
Total Population
Reached by
Service

98

Percentage of Total
Road Miles covered
by Service

0

(060) Coverage and Performance Report

FCC Form 690
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OMB Control No. 3060-1185

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<141>	<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<c1>	<c2>	<c3>	<d>
	State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance data is uploaded (yes/no)
	AK	Nome Census Area	021800002001113	150	150	150	1.42	0.0	0.0	Yes
	AK	Nome Census Area	021800002001114	15	15	15	0.15	0.0	0.0	Yes
	AK	Nome Census Area	021800002001115	19	19	19	0.16	0.0	0.0	Yes
	AK	Nome Census Area	021800002001118	9	9	9	0.27	0.0	0.0	Yes
	AK	Nome Census Area	021800002001123	1	1	1	0.24	0.0	0.0	Yes
	AK	Nome Census Area	021800002001125	40	40	40	0.68	0.0	0.0	Yes
	AK	Nome Census Area	021800002001130	40	40	40	0.4	0.0	0.0	Yes
	AK	Nome Census Area	021800002001131	32	32	32	0.21	0.0	0.0	Yes
	AK	Nome Census Area	021800002001132	40	40	40	0.43	0.0	0.0	Yes
	AK	Nome Census Area	021800002001133	24	24	24	0.09	0.0	0.0	Yes
	AK	Nome Census Area	021800002001134	9	9	9	0.11	0.0	0.0	Yes
	AK	Nome Census Area	021800002001135	8	8	8	0.25	0.0	0.0	Yes
	AK	Nome Census Area	021800002001145	6	1	1	1.86	0.0	0.0	Yes
	AK	Nome Census Area	021800002001149	37	37	37	0.26	0.0	0.0	Yes
	AK	Nome Census Area	021800002001150	23	23	23	0.11	0.0	0.0	Yes
	AK	Nome Census Area	021800002001151	21	21	21	0.13	0.0	0.0	Yes
	AK	Nome Census Area	021800002001152	19	19	19	0.07	0.0	0.0	Yes
	AK	Nome Census Area	021800002001153	33	33	33	0.07	0.0	0.0	Yes
	AK	Nome Census Area	021800002001154	5	5	5	0.21	0.0	0.0	Yes
	AK	Nome Census Area	021800002001155	21	21	21	0.14	0.0	0.0	Yes

Percentage of
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Reached by
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	State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance data is uploaded (yes/no)
	AK	Nome Census Area	021800002001156	23	23	23	0.07	0.0	0.0	Yes
	AK	Nome Census Area	021800002001159	25	25	25	0.07	0.0	0.0	Yes
	AK	Nome Census Area	021800002001160	21	21	21	0.07	0.0	0.0	Yes
	AK	Nome Census Area	021800002001161	15	15	15	0.07	0.0	0.0	Yes
	AK	Nome Census Area	021800002001163	36	36	36	0.12	0.0	0.0	Yes
	AK	Nome Census Area	021800002001164	35	35	35	0.12	0.0	0.0	Yes
	AK	Nome Census Area	021800002002006	91	91	91	0.21	0.0	0.0	Yes
	AK	Nome Census Area	021800002002013	3	3	3	1.49	0.0	0.0	Yes
	AK	Nome Census Area	021800002002014	11	11	11	0.26	0.0	0.0	Yes
	AK	Nome Census Area	021800002002016	2	2	2	3.53	0.0	0.0	Yes
	AK	Nome Census Area	021800002002037	57	57	57	0.49	0.0	0.0	Yes
	AK	Nome Census Area	021800002002039	32	32	32	2.04	0.0	0.0	Yes
	AK	Nome Census Area	021800002002050	5	5	5	0.95	0.0	0.0	Yes
	AK	Nome Census Area	021800002002054	3	3	3	1.08	0.0	0.0	Yes
	AK	Nome Census Area	021800002002058	79	79	79	1.12	0.0	0.0	Yes
	AK	Nome Census Area	021800002002067	11	11	11	1.78	0.0	0.0	Yes
	AK	Nome Census Area	021800002002070	2	2	2	0.57	0.0	0.0	Yes
	AK	Nome Census Area	021800002002074	36	36	36	0.24	0.0	0.0	Yes
	AK	Nome Census Area	021800002002075	7	7	7	0.04	0.0	0.0	Yes
	AK	Nome Census Area	021800002002076	13	13	13	0.1	0.0	0.0	Yes

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Total Population
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98

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by Service

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 <140> Coverage and Performance Report Year 01/2014 - 12/2014

<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<c1>	<c2>	<c3>	<d>
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance data is uploaded (yes/no)
AK	Nome Census Area	021800002002077	20	20	20	0.1	0.0	0.0	Yes
AK	Nome Census Area	021800002002078	3	3	3	0.03	0.0	0.0	Yes
AK	Nome Census Area	021800002002081	3	3	3	0.07	0.0	0.0	Yes
AK	Nome Census Area	021800002002082	3	3	3	0.08	0.0	0.0	Yes
AK	Nome Census Area	021800002002083	31	31	31	0.23	0.0	0.0	Yes
AK	Nome Census Area	021800002002084	19	19	19	0.11	0.0	0.0	Yes
AK	Nome Census Area	021800002002085	19	19	19	0.11	0.0	0.0	Yes
AK	Nome Census Area	021800002002086	14	14	14	0.11	0.0	0.0	Yes
AK	Nome Census Area	021800002002087	18	18	18	0.11	0.0	0.0	Yes
AK	Nome Census Area	021800002002088	18	18	18	0.07	0.0	0.0	Yes
AK	Nome Census Area	021800002002089	2	2	2	0.1	0.0	0.0	Yes
AK	Nome Census Area	021800002002090	17	17	17	0.1	0.0	0.0	Yes
AK	Nome Census Area	021800002002092	10	10	10	0.1	0.0	0.0	Yes
AK	Nome Census Area	021800002002093	13	13	13	0.07	0.0	0.0	Yes
AK	Nome Census Area	021800002002094	32	32	32	0.07	0.0	0.0	Yes
AK	Nome Census Area	021800002002095	11	11	11	0.06	0.0	0.0	Yes
AK	Nome Census Area	021800002002096	7	7	7	0.08	0.0	0.0	Yes
AK	Nome Census Area	021800002002097	22	22	22	0.07	0.0	0.0	Yes
AK	Nome Census Area	021800002002098	27	27	27	0.07	0.0	0.0	Yes
AK	Nome Census Area	021800002002099	19	19	19	0.07	0.0	0.0	Yes

Percentage of
Total Population
Reached by
Service

98

Percentage of Total
Road Miles covered
by Service

0

(060) Coverage and Performance Report

FCC Form 690
Approved by OMB
OMB Control No. 3060-1185

<010>	Study Area Code	618346
<015>	Study Area Name	GCI Communication Corp.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Emily Thatcher
<035>	Contact Telephone Number - Number of person identified in data line <030>	9078685643 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	ethatcher@gci.com
<140>	Coverage and Performance Report Year	01/2014 - 12/2014

<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<c1>	<c2>	<c3>	<d>
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance data is uploaded (yes/no)
AK	Nome Census Area	021800002002100	27	27	27	0.07	0.0	0.0	Yes
AK	Nome Census Area	021800002002101	29	29	29	0.07	0.0	0.0	Yes
AK	Nome Census Area	021800002002102	36	36	36	0.19	0.0	0.0	Yes
AK	Nome Census Area	021800002003003	3	3	3	0.18	0.0	0.0	Yes
AK	Nome Census Area	021800002003004	29	29	29	0.28	0.0	0.0	Yes
AK	Nome Census Area	021800002003005	32	32	32	0.18	0.0	0.0	Yes
AK	Nome Census Area	021800002003006	16	16	16	0.11	0.0	0.0	Yes
AK	Nome Census Area	021800002003007	2	2	2	0.11	0.0	0.0	Yes
AK	Nome Census Area	021800002003008	15	15	15	0.13	0.0	0.0	Yes
AK	Nome Census Area	021800002003009	19	19	19	0.11	0.0	0.0	Yes
AK	Nome Census Area	021800002003010	64	64	64	0.3	0.0	0.0	Yes
AK	Nome Census Area	021800002003011	29	29	29	0.11	0.0	0.0	Yes
AK	Nome Census Area	021800002003013	21	21	21	0.11	0.0	0.0	Yes
AK	Nome Census Area	021800002003014	41	41	41	0.12	0.0	0.0	Yes
AK	Nome Census Area	021800002003015	58	58	58	0.12	0.0	0.0	Yes
AK	Nome Census Area	021800002003016	54	54	54	0.09	0.0	0.0	Yes
AK	Nome Census Area	021800002003017	23	21	21	0.11	0.0	0.0	Yes
AK	Nome Census Area	021800002003018	54	54	54	0.11	0.0	0.0	Yes
AK	Nome Census Area	021800002003019	19	19	19	0.1	0.0	0.0	Yes
AK	Nome Census Area	021800002003021	19	19	19	0.07	0.0	0.0	Yes

Percentage of
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98

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(060) Coverage and Performance Report

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Approved by OMB
OMB Control No. 3060-1185

<010> Study Area Code 618346
 <015> Study Area Name GCI Communication Corp.
 <020> Program Year 2015
 <030> Contact Name - Person USAC should contact regarding this data Emily Thatcher
 <035> Contact Telephone Number - Number of person identified in data line <030> 9078685643 ext.
 <039> Contact Email Address - Email Address of person identified in data line <030> ethatcher@gci.com
 <140> Coverage and Performance Report Year 01/2014 - 12/2014

<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<c1>	<c2>	<c3>	<d>
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AK	Nome Census Area	021800002003022	58	58	58	0.16	0.0	0.0	Yes
AK	Nome Census Area	021800002003023	44	44	44	0.13	0.0	0.0	Yes
AK	Nome Census Area	021800002003024	12	12	12	0.13	0.0	0.0	Yes
AK	Nome Census Area	021800002003025	12	12	12	0.1	0.0	0.0	Yes
AK	Nome Census Area	021800002003026	50	50	50	0.14	0.0	0.0	Yes
AK	Nome Census Area	021800002003028	5	5	5	0.1	0.0	0.0	Yes
AK	Nome Census Area	021800002004000	44	44	44	0.29	0.0	0.0	Yes
AK	Nome Census Area	021800002004001	12	12	12	0.43	0.0	0.0	Yes
AK	Nome Census Area	021800002004002	23	23	23	0.11	0.0	0.0	Yes
AK	Nome Census Area	021800002004003	28	28	28	0.12	0.0	0.0	Yes
AK	Nome Census Area	021800002004005	20	20	20	0.12	0.0	0.0	Yes
AK	Nome Census Area	021800002004006	25	25	25	0.12	0.0	0.0	Yes
AK	Nome Census Area	021800002004007	61	61	61	0.11	0.0	0.0	Yes
AK	Nome Census Area	021800002004009	37	37	37	0.1	0.0	0.0	Yes
AK	Nome Census Area	021800002004010	40	40	40	0.15	0.0	0.0	Yes
AK	Nome Census Area	021800002004011	85	85	85	0.17	0.0	0.0	Yes
AK	Nome Census Area	021800002004013	46	46	46	0.05	0.0	0.0	Yes
AK	Nome Census Area	021800002004014	11	11	11	0.1	0.0	0.0	Yes
AK	Nome Census Area	021800002004015	24	24	24	0.1	0.0	0.0	Yes
AK	Nome Census Area	021800002004016	15	15	15	0.1	0.0	0.0	Yes

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(060) Coverage and Performance Report

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Approved by OMB
OMB Control No. 3060-1185

<010>	Study Area Code	618346
<015>	Study Area Name	GCI Communication Corp.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Emily Thatcher
<035>	Contact Telephone Number - Number of person identified in data line <030>	9078685643 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	ethatcher@gci.com
<140>	Coverage and Performance Report Year	01/2014 - 12/2014

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AK	Nome Census Area	021800002004017	69	69	69	0.14	0.0	0.0	Yes
AK	Nome Census Area	021800002004018	43	43	43	0.14	0.0	0.0	Yes
AK	Nome Census Area	021800002004019	30	27	27	0.05	0.0	0.0	Yes
AK	Nome Census Area	021800002004020	10	10	10	0.1	0.0	0.0	Yes
AK	Nome Census Area	021800002004021	172	172	172	0.23	0.0	0.0	Yes
AK	Nome Census Area	021800002004022	24	24	24	0.1	0.0	0.0	Yes
AK	Nome Census Area	021800002004023	31	31	31	0.07	0.0	0.0	Yes
AK	Nome Census Area	021800002004024	14	14	14	0.07	0.0	0.0	Yes
AK	Nome Census Area	021800002004025	53	53	53	0.15	0.0	0.0	Yes
AK	Nome Census Area	021800002004026	32	32	32	0.11	0.0	0.0	Yes
AK	Nome Census Area	021800002004027	16	16	16	0.18	0.0	0.0	Yes
AK	Nome Census Area	021800002004028	37	37	37	0.14	0.0	0.0	Yes
AK	Nome Census Area	021800002004029	39	39	39	0.13	0.0	0.0	Yes
AK	Nome Census Area	021800002004030	45	45	45	0.13	0.0	0.0	Yes
AK	Nome Census Area	021800002004031	29	29	29	0.14	0.0	0.0	Yes
AK	Nome Census Area	021800002004032	45	45	45	0.14	0.0	0.0	Yes
AK	Nome Census Area	021800002004033	58	58	58	0.19	0.0	0.0	Yes
AK	Nome Census Area	021800002004034	41	41	41	0.11	0.0	0.0	Yes
AK	Nome Census Area	021800002004035	7	7	7	0.14	0.0	0.0	Yes
AK	Nome Census Area	021800002004036	28	28	28	0.14	0.0	0.0	Yes

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<020>	Program Year	2015
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